



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: REHABILITATION HOSPITAL OF FORT WAYNE

City of Hospital: Fort Wayne, Indiana

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Karen Till

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Medicare Provider Number: 15-3030

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$21050312
Outpatient Patient Service Revenue	\$15863
Total Gross Patient Service Revenue	\$21066175

2. Deductions From Revenue

Contractual Allowance	\$13308813
Other Deductions	\$0
Total Deductions	\$13308813

3. Total Operating Revenue

Net Patient Service Revenue	\$7757362
Other Operating Revenue	\$73644
Total Operating Revenue	\$7831006

4. Operating Expenses

Salaries and Wages	\$4822865	Employee Benefits	\$1184232
Depreciation and Amortization	\$460795	Interest Expense	\$0
Bad Debt	\$128846	Other Expenses	\$2350857
Total Operating Expenses	\$8947595		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1116589	Total Assets	\$13445583
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$15944203

Total Net Gains	\$-1116589
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$11690116	\$7737255	\$3952861
Medicaid	\$1729906	\$1429213	\$300693
Other Government	\$118136	\$94509	\$23627
Other State	\$0	\$0	\$0
Other Payers	\$7528017	\$4047836	\$3480181
Total	\$21066175	\$13308813	\$7757362

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$300693	\$724175	
Subtotal	\$300693	\$724175	\$-423482
DSH Payments	\$0		
Subtotal	\$300693	\$724175	\$-423482
Medicare Shortfalls	\$3952821	\$4893731	
Other Government Programs	\$0	\$0	
Total	\$4253514	\$5617906	\$-1364392

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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